

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

18190

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 10433  
 City St. Louis (No. 2543, Flora Court) St. .... Ward .....

File No. ....  
 Registered No. 4398  
 St. .... Ward .....

**2. FULL NAME**

(a) Residence, No. 2543 Flora Court St. .... Ward .....

(Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Olie M. Poupenny</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 21 - 1864</u>		
7. AGE	YEARS	MONTHS
	<u>68</u>	<u>11</u>
		DAYS
		<u>27</u>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lampmaking Hat Co</u>	
	10. Date deceased last worked at this occupation (month and year) .....	
	11. Total time (years) spent in this occupation .....	
MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>	
	13. NAME <u>Francis Poupenny</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
MOTHER / FATHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
	17. INFORMANT <u>Mrs J. P. Poupenny</u> (ADDRESS) <u>3543 Flora Court</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cemetery</u> DATE <u>May 20 1933</u>		
19. UNDERTAKER <u>Petty Bros</u> (ADDRESS) <u>3024 Lafayette Ave</u>		
20. FILED <u>10433</u> 19 <u>733</u> <u>J. J. Budeck</u> Registrar.		

**V MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-16-32 19... to 5-18-33 19...  
 I last saw him alive on 5-18-33 19... Death is said to have occurred on the date stated above, at 340P m.  
 The principal cause of death and related causes of importance were as follows:  
Lesion of Central Nervous System Date of onset 1928  
As (T. abs. Parasis)  
 Other contributory causes of importance: 83

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Kahn Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19...  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify .....  
 (Signed) A. R. Shuffler M. D.  
 (Address) 1020 N. 6th St. - St. Louis, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Dr A.R. Shreffler.

Mrs. Hester B. Bly